

**BOARD OF SUPERVISORS
FINANCE/GOVERNMENT SERVICES AND OPERATIONS COMMITTEE
INFORMATION ITEM**

SUBJECT: Capacity of the Loudoun Free Clinic and Urgent Care Centers to serve the uninsured in Loudoun County

CRITICAL ACTION DATE: January 13, 2015

ELECTION DISTRICT: Countywide

STAFF CONTACTS: Linda Neri, Deputy County Administrator
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David Goodfriend, Health Department

PURPOSE: To respond to the committee's request for: 1) an analysis of the capacity of the Loudoun Free Clinic and urgent care centers to serve the uninsured in Loudoun County, as well as an estimate of the related costs; and 2) an overview of the continuum of health care and roles of the various providers in Loudoun County.

BACKGROUND: HealthWorks for Northern Virginia (HWNV) is a Federally Qualified Health Center that provides care to patients in the Loudoun area, including a large portion of Loudoun's underserved populations, as well as Medicare and Medicaid patients. In early 2014 HWNV began experiencing serious financial difficulties. On April 8, 2014, staff presented an information item to the Finance/Government Services and Operations (FGSO) Committee. The item provided an overview of HWNV's history, financial position and challenges, and potential impacts to County services and resources if HWNV were to close. Representatives of HWNV, including Carol Jameson, then-Interim CEO, Robine Hardey, CFO, Tom Coughlin, President, Jeff Clayton, Vice President, and Buz Nachlas, Director, also attended the meeting and presented an update on the financial status of HWNV. HWNV representatives expressed a need for additional support from the County for short-term survival and long-term sustainability. The Committee voted 5-0 to recommend that the Board of Supervisors direct staff to hire an advisor to help the County review the financial projections and underlying assumptions of HWNV's recovery plan. This recommendation was adopted unanimously by the Board of Supervisors at its April 16, 2014 meeting.

The County subsequently engaged Capital Link, a non-profit consulting firm with extensive expertise and experience in working with health centers on planning capital projects, financing growth, and identifying ways to improve performance. Capital Link, in collaboration with HWNV, was tasked with reviewing the financial projections and assumptions previously shared with County staff by HWNV. Staff meetings with senior representatives of HWNV resulted in some adjustments to the HWNV projections to reflect the recovery plan submitted to the U.S. Health Resources and Services Administration (HRSA)¹. Following the meeting, HWNV forwarded a report outlining current efforts to stabilize the organization.

¹ HRSA is the primary agency within the U.S. Department of Health and Human Services charged with improving access to quality healthcare services.

On July 8, 2014, staff presented an action item to the FGSO Committee. The Committee was provided a comparative analysis of HWNV's projections, including provider productivity, shifts in payer mix, changes in reimbursement rates, and the associated financial indicators. Also provided were two additional sets of projections based on average state figures for community health centers and on a more moderate rate of productivity and payer mix changes. Representatives of HWNV, including the interim CEO, CFO, Board President, and Board Vice President also attended the meeting to provide an update and answer questions. In addition to reviewing the assumptions for the projections, issues discussed included: HWNV's relationship with area partners, specifically INOVA; the status and structure of HWNV's line of credit with Cardinal Bank; HWNV's recent management changes and increase in productivity; and the potential impact on the community if HWNV were to close its doors. The Committee considered dispersing the FY 2015 Regional Organizations grant recently awarded to HWNV in one payment, rather than the typical two.² The Committee voted 5-0 to recommend that the Board of Supervisors direct staff to draft a Memorandum of Understanding with HWMV regarding additional financial support from the County for consideration at the Committee's September 2014 meeting. The Committee also voted 5-0 to recommend that the Board of Supervisors direct staff to disperse the FY 2015 non-profit grant, awarded to HWNV on July 2, 2014, in a single lump-sum payment of \$176,911. The Board of Supervisors voted 8-0-1 to approve the Committee's recommendations at its July 16, 2014, meeting. The Committee also requested staff research other like jurisdictions that support community health centers and report back.

As directed, the County issued a check to HealthWorks for the full FY 2015 Regional Organization Grant amount of \$176,911 the week of July 25, 2014.

On September 9, 2014, staff presented to the FGSO Committee, as previously directed, a draft Memorandum of Understanding (MOU) between HealthWorks for Northern Virginia and the County of Loudoun for additional FY 2015 grant funding for consideration by the Committee. The draft MOU was developed by Budget Office staff with review and input from County Administration, Health Department, Department of Mental Health, Substance Abuse and Developmental Services, and Department of Family Services, and County Attorney's Office. The draft MOU was also shared with HWNV management for its review. The item included information on support for community health centers by other jurisdictions. Also raised during the meeting was the possible capacity of the Loudoun Free Clinic to serve the uninsured client base of HWNV. The Loudoun Free Clinic (LFC) currently provides health care services to uninsured adult residents of Loudoun County at or below 200% of the federal poverty level. Consequently, the FGSO Committee requested that prior to any further discussions regarding additional funding for HWNV, staff conduct an analysis of the potential for the Free Clinic and urgent care centers to provide health care services for the uninsured population in Loudoun County.

This item provides the requested analysis on the Free Clinic and urgent care centers, as well as an overview of the continuum of healthcare in Loudoun County.

ISSUES: Loudoun County has an estimated 2014 population of 350,000, with an estimated uninsured rate of 9.0 %³ or approximately 31,500 uninsured residents. Based on annualized estimates for 2014, HWNV will serve about 9,400 unique patients, providing services for about 40,000 visits. These figures include adult and pediatric patients, both insured and uninsured, across a variety of services including primary care, onsite specialty care, behavioral health, dental care, and ancillary services such as laboratory, radiology, and pharmacy.

² HWNV was awarded \$176,911 through the County's annual non-profit grant process.

³ 2013 American Community Survey 1-Year Estimates

Loudoun County government has a long history of supporting the county's health care safety net, both through services provided by County agencies and by promoting the development and expansion of private safety providers, such as the Loudoun Free Clinic (LFC), HWNV and the Northern Virginia Dental Clinic. More information on what constitutes the health care safety net, the Board of Supervisors involvement in shaping Loudoun's safety net, and gaps identified through the County's current needs assessment is provided in Attachment 1.

Expansion Capacity of Loudoun Free Clinic (LFC)

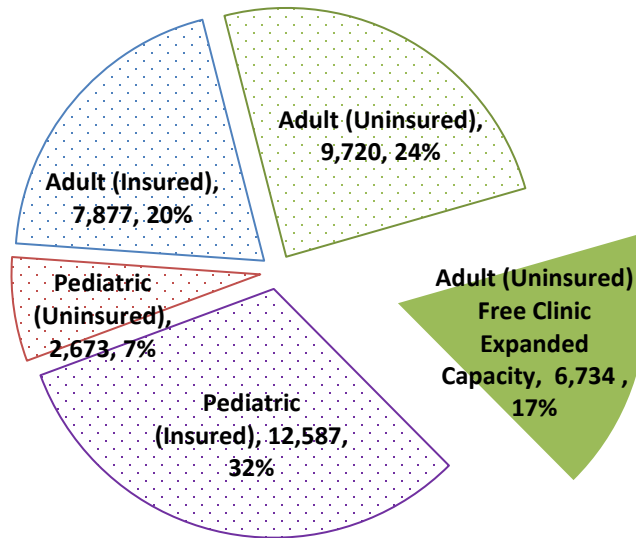
Based on preliminary data provided by the Loudoun Free Clinic (LFC), the Budget Office estimates that in 2014 the LFC served about 896 uninsured adult patients, providing about 4,200 visits for primary care, onsite specialty care, and prescriptions. LFC management estimates that the clinic has capacity to expand to serve an additional 529 patients for a total of 1,425 adult patients and 6,700 visits, based on the current average number of visits per patient. LFC anticipates that its current facility can accommodate the expanded number of patients and visits, but would need additional providers with extended hours of service.

Of the 16,454 uninsured adult visits (approximately 3,600 patients) that HWNV is estimated to provide in 2014, LFC may be able to provide a total of 6,734 visits (1,425 patients) at its estimated expanded capacity. As shown in the following chart, this represents about a third of HWNV's current uninsured adult visits and 17% of HWNV's total visits, which also include an estimated 7,877 insured adult visits, 12,587 insured pediatric visits and 2,673 uninsured pediatric visits. LFC does not provide services for children or insured adults. Taking into consideration the existing uninsured adult visits provided by LFC, the additional expanded capacity is about 2,500 visits.

On October 30, 2014, Loudoun County staff met with the LFC's Executive Director and Director of Clinical Operations. During that meeting, they stated that LFC does not have the capacity to provide care to the uninsured Loudoun County adults currently being seen by HWNV, do not have plans to provide care to minors and do not have plans to provide dental or immunization services such as is currently provided to uninsured Loudoun County residents by HWNV.

The following chart shows displays the anticipated demographics of the estimated portion of HWNV's current annual patient visits that LFC may be able to serve at its estimated expanded capacity, and those that may be left without service, based on the demographic it caters to and the type of services provided.

**HealthWorks for Northern Virginia CY 2014 Visits
 (Annualized)**



Comparative Costs of Serving Uninsured Patients

HWNV: Estimated FY 2014 expenditures for HWNV are about \$6.0 million, with an estimated average cost of \$150 per visit or \$638 annual cost per unduplicated unique patient. These cost estimates include ancillary services such as laboratory, radiology, and pharmacy as well as enabling services that enable the provision of direct medical / clinical services, including transportation, interpretation, outreach, translation, case management, and health education. Estimated expenditures include about \$4.3 million for salaries, fringe benefits, and payroll taxes and about \$0.7 million in annual depreciation and interest expense for HWNV's newly constructed 28,000 square foot medical building located on Fort Evans Road in Leesburg, which includes 18 exam rooms, a dental suite, a pharmacy, lab and community meeting rooms. An additional \$0.5 million was spent on other facility operation and maintenance costs.

LFC: Estimated FY 2014 LFC expenditures total about \$645,000⁴, with an estimated average cost of \$153 per visit or \$720 annual cost per unduplicated unique patient. LFC facilities, which are donated at no charge by Loudoun Inova Hospital, include 5 exam rooms. Approximately \$500,000 of LFC's FY 2014 expenditures went towards salaries, fringe benefits, and payroll taxes. A significant portion of LFC's provider staff time is provided by volunteers who are not reimbursed for their services.

Nova Medical & Urgent Care Center: On November 19, 2014, Loudoun County staff met with Nova Medical & Urgent Care Center's Chief Executive Officer, who stated that urgent care centers could provide basic medical office visits for those uninsured adult and children currently being served by HWNV, at an estimated charge of approximately \$90 per patient visit, exclusive of ancillary services and enabling services.(estimated at \$5.50/visit)

⁴ Based on Loudoun Free Clinic Statement of Operations, FY 2014 Actual for the nine months ending March 31, 2014.

In summarizing, while the Loudoun Free Clinic has the potential to expand capacity to accommodate about 529 additional patients for an estimated 2,500 additional visits, this is only a fraction of the approximately 3,600 uninsured adult patients with 16,454 visits that HWNV currently serves and does not account for the remaining population served by HWNV, which includes insured adults as well as insured and uninsured children for an additional of 23,137 annual visits. While urgent care centers may have the capacity to accommodate a portion of the population served by HWNV, even those patients with health insurance, the majority of which is through Medicaid, often find it difficult to find a provider willing to accept their insurance. Most urgent care centers also do not have the capacity to provide the enabling services such as transportation, interpretation, outreach, and health education required by many of HWNV's patients.

Approximate per visit cost estimates based on total expenditures and total visits for each organization currently indicate similar costs at about \$150 per visit, inclusive of ancillary or enabling services. However, a significant portion of HWNV's expenditures is related to salaries, fringe benefits and facility costs, while LFC's services are provided to a great extent by volunteers in space donated by Loudoun Inova Hospital.

Estimated cost per visit at an urgent care center is \$90, but does not include any ancillary or enabling services. Taking the estimated total number of 19,127 uninsured (16,454 adult and 2,673 pediatric) visits that HWNV is projected to provide in 2014, this would cost approximately \$1.7 million per year and necessitate County and/or charitable financial support. As previously noted, this does not include the additional costs related to ancillary services such as case management, education and lab visits, which are provided by HWNV. Presuming a similar cost per patient visit for HWNV's 2014 projected 20,464 insured visits (7,877 adult and 12,587 pediatric), the total cost for these visits would be an additional \$1.8 million, assuming that medical providers would be willing to accept Medicaid insurance which a majority of HWNV's insured patients rely on.

ATTACHMENTS:

1. Staff Report on Safety Net Services in Loudoun County, November 20, 2014

Safety Net Services in Loudoun County

November 20, 2014 Staff Report

What is the Health Care Safety Net?

The health care safety net is defined by the Institute of Medicine as “those providers that organize and deliver a significant level of health care and other related services to uninsured, Medicaid, and other vulnerable patients.” A subset of this includes core safety net providers that have the following characteristics: “(1) either by legal mandate or explicitly adopted mission they maintain an “open door,” offering access to services for patients regardless of their ability to pay; and (2) a substantial share of their patient mix is uninsured, Medicaid, and other vulnerable patients.”¹

Community safety net providers typically include community health centers, free clinics, local public health and mental health departments, and emergency departments. Many private providers and faith organizations may also provide significant charitable care to these populations. They disproportionately serve those who are uninsured or underinsured, those chronically ill, mentally ill or disabled, those with communicable diseases, immigrants and minorities.

A community health center is a not-for-profit, community-based organization that provides primary (not emergency or hospital) care to those who live in areas of the state where there is a shortage of medical care. Community health centers have paid medical and support staff and are open regular business hours.² Federally qualified community health centers (FQHCs) are community health centers that receive grants under Section 330 of the Public Health Service Act (PHS) and qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits.³ FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. Additionally, an FQHC must provide or assure the following services regardless of insurance status or ability to pay⁴:

- prenatal and perinatal services;
- appropriate cancer screening;
- well-child services;
- immunizations against vaccine-preventable diseases;
- screenings for elevated blood lead levels, communicable diseases, and cholesterol;
- pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care;
- voluntary family planning services;
- preventive dental services;
- diagnostic laboratory and radiologic services;
- emergency medical services;
- pharmaceutical services as may be appropriate for particular centers; and
- referrals for substance abuse and mental health services.

Free Clinics provide low-income, uninsured residents with free or low cost health services. They depend on the generosity of volunteer health professionals in addition to a variable core of paid staff. They do not typically receive federal funding or have the ability to bill third party payors for services provided. The services provided are variable and depend on such factors as perceived community need, skills and training of the volunteer providers, and financial resources.⁵

Urgent care centers provide a variety of services in a community. According to the American Academy of Urgent Care Medicine, “Urgent care does not replace your primary care physician. An urgent care center is a convenient option when someone's regular physician is on vacation or unable to offer a timely appointment. Or, when illness strikes outside of regular office hours, urgent care offers an alternative to waiting for hours in a hospital Emergency Room.”⁶

Loudoun County Government's History in Shaping its Safety Net

In the 1990s, key safety net providers in Loudoun County included the Loudoun County Departments of Social Services, Health and Mental Health, Loudoun's free dental clinic, Loudoun Hospital Center's emergency department, several community mobile health vans, and a collection of private health care providers that agreed to see patients either without compensation or with limited compensation.⁷ In 1994, the Loudoun County government successfully pursued a medically underserved area (MUA) designation for parts of Loudoun County; an MUA is defined by the U.S. Health Resources and Services Administration (HRSA) as a geographic region “in which residents have a shortage of personal health services”.⁸

By 2000, the Loudoun County government took additional steps to address gaps in the county's safety net by housing the newly formed Loudoun Free Clinic at its Shenandoah Building location and by co-sponsoring the newly formed Loudoun Health Care Task Force (“Task Force”). The Task Force membership included Mayors from Loudoun County towns, a member of the Loudoun County Board of Supervisors, representatives from Loudoun County Departments of Health, Mental Health and Social Services, and key community stakeholders. The final report of the Task Force (attached) was presented to the Board of Supervisors in August 2012 and included a description of both the current gaps in and challenges with available safety net services; the report recommended the Board of Supervisors support any qualified provider capable and willing to bring services to meet the health care needs of Loudoun's residents.

In 2002, the Loudoun County government, through the county's Departments of Health and Social Services, worked with Loudoun Hospital Center to create a community health center to help address the identified gaps in access to basic medical services for low income Loudoun County residents; County staff initially served on the Loudoun Community Health Center's Board of Directors. The Community Health Center began seeing patients in 2007 and became an FQHC shortly thereafter.

On March 8, 2005 the Board of Supervisors approved CPAM 2004-0017, the Countywide Health Care Facilities Plan, which included the goals of promoting appropriate access to health care services for residents of all parts of Loudoun County and development of systems to provide care to all persons, including the uninsured, and to support community health programs.⁹ On May 2, 2006, the Board of Supervisors created the Loudoun Health Council with a mission to:

- Develop a consensus on strategies to prepare for and respond to a major outbreak of disease;
- Improve the health of the community in general;
- Increase the value of the local health care system for the entire community;
- Align community resources with selected priorities for action; and
- Identify where resources should be concentrated.¹⁰

In 2008, the Health Council began work on the county's first public health needs assessment, which culminated in a community health improvement plan (CHIP), presented to the Board of Supervisors in 2012 (available online at www.loudoun.gov/healthcheck). "Increasing Access to and Timely Utilization of Health Care Services" was identified in the CHIP as a priority issue due to concerns raised about "strains on safety net medical and dental providers with increasing waiting lists for services, transportation barriers, the limited number of physicians within Loudoun County providing specialty care and those accepting Medicare, limited numbers of providers in western Loudoun County, and an increased demand for mental health, substance abuse and elder care." Key suggested interventions related to the safety net included:

- Advocate for the growth in health care facilities providing free or reduced rate medical, behavioral and dental health care to the uninsured and underinsured;
- Pursue increased areas for cooperation and collaboration between safety net providers;
- Increase awareness of free or reduced cost insurance and prescription drug programs;
- Investigate barriers to utilization of existing health care services; and
- Advocate for decreased barriers to linguistically sensitive and culturally competent care.

Findings from New Community Health Status Assessment

In 2013, Loudoun County repeated its public health needs assessment, with the results approved by the Loudoun Health Council in July 2014. For this assessment, the Loudoun Health Council again chose to use the Mobilizing for Action through Planning and Partnerships (MAPP) community-wide strategic planning tool for improving community health and the community-wide public health system.¹¹ This tool, facilitated by public health leadership, is designed to help communities prioritize health issues and to ultimately identify resources for addressing them. According to this assessment, available online at www.loudoun.gov/healthcheck, it was estimated that 8.4% of the Loudoun County population under age 65 is uninsured in 2012, with 4.8% of Loudoun County's children having no insurance. This estimate increased to 9% in 2013, or approximately 29,000 Loudoun residents under age 65, according to a September 2014 release from the American Community Survey.

The assessment also included a community survey that received 6,551 responses. In that survey, cost of healthcare was the second most commonly selected health factor viewed as

most important for our community to address, with availability of healthcare within Loudoun County ranking third; for those without insurance, cost and availability of healthcare ranked first and second, respectively. 76% of total respondents agreed that they were able to get the healthcare they needed, compared to 44% of those with no health insurance. 23% agreed that they must travel outside Loudoun County for healthcare, compared to 31% with no health insurance. 40% agreed that healthcare was affordable in Loudoun County, compared to 27% with no health insurance. 75% agreed that healthcare is of good quality in Loudoun County, compared to 59% with no health insurance.

3% of total respondents and 20% of those with no insurance stated they did not have a primary care provider. Overall, 35% of respondents stated they visited an urgent care center in the previous year, 23% used an emergency department, 4% used the community health center, 4% received services at the health department, and 2% at the free clinic; for those without insurance, only 20% stated they visited an urgent care center in the previous year, but 39% used an emergency department, 24% used the community health center, 29% received services at the health department, and 20% received services at the free clinic. Of all respondents who used these safety net services, 53% stated they did so because their doctor's office was closed or could not see them and 44% did so because they had a true emergency; of those without insurance, only 25% stated they had a true emergency and only 9% stated their doctor's office was closed, with 37% stating they had no regular medical doctor and 38% stating they could not afford services at a regular medical doctor.

85% of respondents stated they had seen a primary care provider within the previous year, compared to only 53% of those without insurance. 80% of respondents had seen a dentist within the previous year (40% of those without insurance), while 5% (23% without insurance) last did so more than five years previously. 79% of respondents (49% of those without health insurance) had a preventive health service in the previous year, such as a physical exam, blood pressure check, Pap smear, or diabetes or cholesterol test, while 3% of respondents (11% without health insurance) had not received a preventive health service in the previous five years.

Loudoun County's Current Health Care Safety Net

Key components of Loudoun County's current safety net include HealthWorks Community Health Center, the Loudoun Free Clinic, the Northern Virginia Dental Clinic, the Adams Compassionate Healthcare Network (ACHN), Inova Loudoun and StoneSpring emergency departments, Loudoun County Health Department, Loudoun County Department of Mental Health, Substance Abuse and Developmental Services. These safety net providers are augmented by community providers who agree to see a variable number and type of low income, uninsured residents for specific services.

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- ¹ America's Health Care Safety Net: Intact but Endangered Marion Ein Lewin and Stuart Altman, Editors; Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers, Institute of Medicine (2000)
- ² Virginia Healthcare Foundation <http://www.vhcf.org/looking-for-help/medical-care/community-health-centers/>
- ³ US Department of Health and Human Services, Health Resources Services Administration <http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html>
- ⁴ US Department of Health and Human Services, Health Resources Services Administration <http://bphc.hrsa.gov/policiesregulations/legislation/index.html>
- ⁵ Virginia Healthcare Foundation <http://www.vhcf.org/looking-for-help/medical-care/free-clinics/>
- ⁶ American Academy of Urgent Care Medicine <http://aaucm.org/about/urgentcare/default.aspx>
- ⁷ Health Care on Loudoun County: Final Report from the Loudoun Health Care Task Force, Appendix H. October 2002.
- ⁸ US Department of Health and Human Services, Health Resources Services Administration <http://www.hrsa.gov/shortage/>
- ⁹ Countywide Health Care Facilities Plan <http://www.loudoun.gov/DocumentCenter/View/1017>
- ¹⁰ Loudoun County Board of Supervisors Business Meeting Minutes <http://www.loudoun.gov/DocumentCenter/View/85310>
- ¹¹ National Association of City and County Health Officials (NACCHO) <http://www.naccho.org/topics/infrastructure/MAPP/index.cfm>

HEALTH CARE IN LOUDOUN COUNTY

**Final Report
from the
Loudoun Health Care Task Force**

**Presented to the
Loudoun County Board of Supervisors**

October 21, 2002

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I. Executive Summary

- The Loudoun Health Care Task Force was formed two years ago to look at the current capacity of Loudoun County's health care community to deliver necessary services to its residents and to identify current and future unmet needs. The underlying assumption was that all Loudoun residents should be able to receive medical care within the county.
- Loudoun is one of the fastest growing counties in the United States. This growth has strained the capacity of our medical community, particularly in the western and northern parts of our county.
- An increasing proportion of Loudoun residents are receiving care outside the county. The projected need for inpatient beds, emergency department beds and operating rooms in the county will outpace the current and proposed capacity. Multiple healthcare providers are actively pursuing or have expressed interest in meeting this need.
- Emergency and physician services are being stretched as demands for services increase. The county appears to have sufficient capacity to meet the current demand for hospice, dialysis, urgent care, and home health care.
- Loudoun County has a vibrant senior citizens population. These residents are more likely to utilize medical services and are particularly affected by difficulties accessing care within the county. The demand for assistance is beyond the capacity of the few local agencies in place to assist our seniors.
- Lower income residents of Loudoun County are less likely to be covered by health insurance or to be able to afford medical care, which increases the burden on the emergency department. County and private resources for these residents are not sufficient to meet the current demand.
- Mental disabilities impact many families in Loudoun County. There is a lack of, or limited access to, inpatient adult, adolescent and child psychiatric treatment; outpatient psychiatric services; youth group homes; housing and support for adults and in-home mental health services within the county. For our mentally retarded residents, there is also a lack of, or limited access to, adult dental care, durable medical equipment, transportation, in-home services, home health care and doctors who can diagnose and treat Downs Syndrome and Alzheimer's disease. For substance abusing citizens there is a lack of, or limited access to, medical and social detox services, inpatient treatment for adolescents and outpatient treatment.

- Information and referral services are an effective means of provided health information to residents. Current information and referral services in Loudoun are not able to meet the county's needs.

II. Recommendations

Over its two-year existence, the Loudoun Health Care Task Force researched and received input on a range of health care issues impacting the residents of Loudoun County. As described in the body of this Final Report, rapid growth has led to difficulty accessing a variety of health care services within our county, including inpatient and emergency department beds, operating rooms, medical providers, and the infrastructure necessary to effectively utilize these services. These concerns disproportionately impact residents in the western part of the county, as well as our county's seniors, those with limited incomes, and those with mental health concerns.

Based on these findings, the Loudoun Health Care Task Force provides the following recommendations for meeting the current and future needs of our residents:

1. The Loudoun County Board of Supervisors should support any qualified provider of health care facilities and services capable and willing to bring services to meet the health care needs of our County. The Board can do this by facilitating zoning and construction processes for providers and supporting Certificate of Public Need (COPN) applications at the regional and state level.
2. The Loudoun County Board of Supervisors should establish as a legislative priority State and Federal initiatives that provide improved and affordable insurance coverage for our underserved populations. Specifically, support should be garnered to increase Medicaid reimbursement rates for physicians, hospitals and nursing homes and to raise the income eligibility threshold. Concurrently, the Loudoun County Board of Supervisors should commit itself to work with all providers to seek support of state regulatory and legislative leaders to correct weaknesses in the current Unicare Medicaid managed care program.
3. The Loudoun County Board of Supervisors should encourage a continuing private-public dialogue with local and regional representatives to develop an independent Information and Referral Center within Loudoun County. The Information and Referral System should be compatible with "211" standards to permit future merging of systems and technology. The Information and Referral Center should create information on available health care and social services to be incorporated into the Loudoun County Government website. Opportunities should be provided for linkages to this information by websites created by towns and local community organizations.
4. The Loudoun County Board of Supervisors should establish a Loudoun County Health Care Advisory Commission. The Commission should be comprised of Town and County representatives, representatives from the health care industry, and at-large citizen appointees.

III. Loudoun Health Care Task Force

A. Background

Over the past decade, Loudoun County has experienced unprecedented population growth. This rapid population increase has raised concerns among residents and their representatives that the health care infrastructure may not be keeping pace with the rising demand for services.

As the 1990s were ending, it became clear to the county's elected and appointed officials that they had a responsibility to assure that Loudoun residents and businesses would continue to have access to quality medical care. It also became clear that there was an apparent difficulty attracting adequate numbers of physicians to Loudoun County, particularly in the north and west, and that the approval process for additional hospital beds was too slow and cumbersome.

In response to the growing concerns of their constituents, two years ago the Mayors of Loudoun County's towns established the Loudoun Health Care Task Force to evaluate the health care needs of our residents. With a shared priority of meeting the health care needs of its citizens, the Loudoun County Board of Supervisors became a co-sponsor of the Loudoun Health Care Task Force.

B. "Charter"

The Loudoun Health Care Task Force ("Task Force") was charged with researching the current capacity of Loudoun County's health care community to deliver necessary services to its residents, to identify unmet needs and to present its findings to the Loudoun County Board of Supervisors. A list of current Task Force members is included in Appendix A.

C. Activities

During its two-year tenure, the Task Force members developed an approach to understanding and explaining health care delivery in Loudoun County. Data from multiple sources, such as the 2000 United States Census, Northern Virginia Health Systems Agency (HSA), Loudoun County government, Loudoun Hospital Center (LHC), Inova Hospital, Healthcare Corporation of America (HCA), and the Virginia Department of Health Professions, were used to determine current and future capacity and needs. Formal and informal work groups met on a regular basis to hear from representatives of multiple aspects of health care provision in our county and to discuss the findings.

The Task Force researched the availability of service from three perspectives:

- Number and types of health care providers per population served
- Geographical distribution of service providers across the county
- The influence of payer sources on health care availability

The Loudoun Health Care Task Force created work groups to research the various services that are related to health care in our county. These included:

- Inpatient care, including: hospital services, emergency department (ER) space, hospital beds, and operating room capacity
- Emergency medical services-911
- Physicians, by specialty
- Urgent care centers
- Renal dialysis
- Hospice care
- Nursing home (long term care), specialty dementia long term care, skilled nursing and rehabilitation, and assisted living
- Diagnostic imaging
- Radiation therapy
- Senior services
- Indigent care
- Mental health, mental retardation and substance abuse
- Information and referral programs

D. Report

The Task Force gave an initial presentation to the Loudoun County Board of Supervisors on July 1, 2002. This Final Report is consistent with the July presentation with the following exceptions:

- The July presentation included a recommendation that Loudoun County providers accept Unicare Medicaid insurance. In the interim, Loudoun Health Center has agreed to accept Unicare insurance so this recommendation is no longer necessary.
- The estimates of future health services needs in the July presentation were determined by Task Force staff using information derived from Planning District 8 use rates collected by the Northern Virginia Health Systems Agency. The Final Report utilizes updated health services utilization data from Virginia Health Information, recently filed COPN applications from northern Virginia hospitals, and regional and state health planning agency sources. As a result, the

calculations in Tables II and V differ slightly from those provided in the July report.

- All data and information provided in this report came from publicly available sources or were provided to the Task Force by area health care providers or governmental agencies.

IV. Loudoun County Geography and Demographics

A. Geography

Loudoun's unique vision of combining the best of suburban and rural environments makes geographic accessibility crucial, especially in the western and northern parts of the county.

With 517 square miles, Loudoun County is the largest jurisdiction in northern Virginia, constituting 40 percent of the land area. There is one limited access highway in the county, the Greenway, serving east-west traffic between Leesburg and Fairfax County. Routes 7, 9 and 50 additionally serve east-west traffic, while routes 15 and 28 are the principal north-south highways; increased road traffic on these highways has led to increased travel times, particularly during rush hours.

B. Population

Loudoun County is the fastest growing county in the Commonwealth of Virginia and the second fastest growing county in the United States (2000 Census). In the 1990s the population of Loudoun County grew by 83,470 persons or 95.9 percent. There has been an additional 13 percent population increase during the last 15 months. During this period, Loudoun's Hispanic and Asian populations grew at twice the county's average.

Seventy-nine percent of the growth in the 1990s was the result of immigration. 2000 Census data indicate that only 56.4 percent of Loudoun County residents living in Loudoun in 2000 lived in the county five years earlier.

According to the Loudoun County Department of Planning, in the current decade Loudoun County's population is projected to grow by an additional 134,208 persons or 61 percent more than during the 1990s. In twenty years, the population of Loudoun County is expected to exceed 400,000 persons.

Table I: Historical and Projected Loudoun County Population

Loudoun	2000	2002	2003	2004	2005	2006	2008	2010	2012
East	107,941	127,905	137,543	147,114	155,725	164,363	179,818	195,322	209,563
Central	36,749	44,262	47,551	50,923	54,133	57,344	63,175	69,007	74,355
West	24,909	28,107	29,632	31,156	32,540	33,924	36,702	39,478	42,029
Total	169,599	200,274	214,274	229,193	242,398	255,631	279,695	303,807	325,947

Source: Loudoun County Department of Planning

Almost two-thirds of the growth through 2012 will occur in eastern Loudoun County; 24 percent is expected to occur in the Leesburg/central portion of the county with the balance of 11 percent occurring in the west.

During the 1990s, at place employment in Loudoun County grew 117 percent. Over the next 5 years, at place employment is projected to grow by 42,438 jobs or by 49 percent.

During the decade of the 1990s, the number of Loudoun County residents 14 years and under grew by 24,373, or 123 percent, while those 55 and older doubled from 10,542 to 21,155. In Loudoun County, the “baby boomer” portion of the population in 2001 was approximately 34 percent, or 63,000 people. In 2006, the first of these baby boomers will turn 60 years old.

C. Socio-economic Characteristics

According to the 2000 U.S. Census, median household income in 1999 for Loudoun County was \$80,648, placing the county third in the nation. Despite Loudoun’s apparent wealth, the county has a growing number of persons with low incomes and without any health care coverage. These are primarily senior and disabled citizens living on fixed incomes or persons who are the “working poor” (defined as families living on less than \$30,000 per year). In Loudoun County, 31,200 people (15.9 percent of the current population) fall into these categories.

D. Implications for Health Care Delivery

The population increase will continue to drive the need for more health care services in Loudoun County for the foreseeable future. The pediatric (0-14 years) and older adult (55+ years) populations will continue to dominate this growth and it is anticipated that they will continue to consume proportionately higher amounts of health care services than the general population.

The number of medically indigent, uninsured or underinsured persons will continue to increase and will continue to create economic access challenges for both health care consumers and providers.

Consideration for urgent and emergency care for the areas in western and northern Loudoun County should be addressed. At this time the Loudoun Hospital at Lansdowne is the primary option for after hours medical services. The planned opening of the Cornwall emergency department by Loudoun Hospital will alleviate some of this concern. However, the travel distance from Lovettsville, Round Hill, and Middleburg to all planned and existing facilities will remain a concern, particularly in view of all the existing and planned traffic for the limited roadway systems servicing this area. Purcellville and Middleburg are the only towns that offer physician/clinical services for this area.

V. Facilities and Services

A. Hospital Service Utilization and Capacity

Today, of those Loudoun County residents who require inpatient care, only 45% are admitted to Loudoun Hospital Center; the remaining 55% are admitted to hospitals outside Loudoun County. In 1985, 66 percent of these residents received care at LHC.

In addition to Loudoun Hospital Center, Loudoun residents utilize Inova Fairfax Hospital, Inova Fair Oaks Hospital and Reston Hospital Center, along with other hospitals in Virginia, Maryland and the District of Columbia. Reston Hospital Center draws patients primarily from eastern and central Loudoun County, while Inova Fair Oaks Hospital draws patients from the Route 50 corridor including South Riding. Inova Fairfax Hospital is the regional tertiary referral center for Northern Virginia.

Given the assumption that all Loudoun County residents should be able to receive care within the county, for the foreseeable future there is a documented need for additional inpatient beds, inpatient and outpatient operating rooms (ORs), and diagnostic and treatment facilities, including a Level III trauma center.

This projected need (deficit) takes into account the construction of 42 additional beds and 6 more operating rooms approved by the State Health Commissioner at Loudoun Hospital Center that are due to be completed by 2004. It also takes into consideration the proposed joint venture ambulatory surgery center between Loudoun Hospital Center and Inova Health Services, which would relocate 3 ORs from the Countryside Ambulatory Surgery Center and add 3 ORs ostensibly obtained from within the Inova system.

Inpatient (Bed) Demand and Capacity

The analysis of bed demand assumes there will be outmigration by Loudoun residents for tertiary level care that will be offset by immigration to Loudoun County by non-Loudoun residents. This analysis also assumes there is level demand year-round when, in reality, there are peak demands for beds generated during the winter flu season or in the case of unexpected disaster.

Given the County's proximity to Dulles Airport and the District of Columbia, it is important that additional inpatient capacity be built into any calculation of future bed need to ensure that inpatient resources are adequate to respond appropriately to peak demand. Finally, this analysis attempts to take into consideration the dramatic increases in the 45-64 and 65+ age groups and corresponding demand on health care services that will be required as these populations grow older.

A comparative benchmark for hospital inpatient resources is the ratio of inpatient beds per 1,000 population. In 2001, there were 2,707 licensed and approved general acute care beds in northern Virginia, which yielded a bed to population ratio of 1.44 beds per 1,000

residents. In Loudoun County that year there were 145 licensed and approved beds, resulting in a ratio of only 0.78 beds per 1,000 population. Over the next 10 years, demand generated by Loudoun County residents for inpatient beds will grow from 190 to approximately 331 beds.

Table II: Inpatient (Bed) Demand and Capacity¹

	2001	2006	2011
Discharges	13,370	18,605	23,340
Patient Days	58,829	81,861	102,696
Bed Need	190	264	331
Current/Projected Beds	103	145	145
Bed Deficit	87	119	186

¹Population based on Loudoun County Department of Planning projections by planning sub area (September 2001); discharge rates per 1,000 and average length stay from COPN Request No. VA-6714 (Loudoun Hospital Center) filed July 1, 2002; bed need calculated using 85% target occupancy.

As shown in Tables III and IV below, if Loudoun County were to increase this bed ratio modestly to 1.0 or 1.1 beds per 1,000, it would need between 256 and 282 beds in 2006 and between 316 and 348 beds in 2011. Achieving parity (1.44 beds per 1,000 population) with the planning district would require 369 beds in 2006 and 455 beds in 2011.

Table III: Beds per 1,000 Population: Loudoun County, 2006

Beds per 1,000 Population	1.0	1.1	1.44
Population	255,631	255,631	255,631
Beds Needed	256	282	369

¹Population based on Loudoun County Department of Planning projections by planning sub area (September 2001).

Table IV: Beds per 1,000 Population: Loudoun County, 2011¹

Beds per 1,000 Population	1.0	1.1	1.44
Population	315,875	315,875	315,875
Beds Needed	316	348	455

¹Population based on Loudoun County Department of Planning projections by planning sub area (September 2001).

Surgical (Operating Room) Demand and Capacity

Over the next 10 years, demand for operating rooms in Loudoun County will increase from 17 to 37, or 118 percent (Table V). Currently, there are 13 ORs (7 in operation and 6 approved) at Loudoun Hospital Center. Additionally, a joint venture between Inova Health Services and Loudoun Hospital Center was approved in 2002 that would add 3 ORs in Loudoun County.

Table V: Surgical (Operating Room) Demand and Capacity¹

	2001	2006	2011
Cases	17,374	27,122	37,526
OR Need	17	28	39
Current/Projected ORs	13	19	19
OR Deficit	4	9	20

¹Population based on Loudoun County Department of Planning projections by planning sub area (September 2001); surgical case rate per 1,000 population calculated from Virginia Licensing Surveys, VHI and HSANV Data; hours per case from DCOPN Staff Analysis/Report dated November 19, 2001; OR need calculated using 1,600 hours per OR standard from the State Medical Facilities Plan.

This analysis assumes there will be outmigration by Loudoun residents for tertiary level surgery that will be offset by immigration to Loudoun County for inpatient and outpatient surgical services by non-Loudoun residents. It further assumes the increasing trend in surgical cases per 1,000 population in Northern Virginia will continue.

The mix between inpatient and outpatient surgery was held constant, as were the hours per case. From a sensitivity standpoint, if hours per case were to increase by 1 minute per year, OR need in 2006 would increase from 28 to 29 and from 39 to 44 in 2011.

Emergency Department Demand (Visits)

Assuming a consistent utilization of emergency room (ER) services over the next ten years, the demand is projected to increase 70 percent to over 67,000 visits per year. Currently, Loudoun Hospital Center sees 32,700 emergency patients per year. LHC has approval to expand its Emergency Department at Lansdowne to accommodate approximately 40,000 to 46,000 visits per year.

Table VI: Emergency Room Demand (Visits)¹

	2001	2006	2011
East	25,121	34,871	43,087
Central	8,693	12,166	15,259
West	5,625	7,198	8,670
Total	39,437	54,235	67,016

¹Population based on Loudoun County Department of Planning projections by planning sub area (September 2001); use rate per 1,000 based on PD8 2000 Census and Virginia Health Information (VHI) data on emergency department visits.

B. Emergency Services Utilization and Capacity

Emergency medical service (EMS) is provided in Loudoun County through a combination of volunteers and career employees. Emergency services are dispatched when a Loudoun resident calls 911 for a perceived medical emergency. Ambulances are located at various sites throughout the county for timely response. The ambulance ride to the nearest available hospital's emergency department is free of cost to the resident.

According to the Loudoun County Department of Fire and Rescue, there has been a significant yearly increase in the number of residents who need helicopter ambulance transportation to a trauma center, a significant increase in the number of daytime 911 calls, and a significant rise in early morning calls.

The recently released EMSSTAR Group report, available online at www.emsstar.com, stated that Loudoun County could expect to see one major trauma patient per 1,000 to 1,250 residents per year. Under this scenario, we would expect to see at least 200 cases of major trauma per year in Loudoun County, of which 15 percent would need to be transported to a major trauma center. The remaining 170 patients could be hospitalized within the county if trauma facilities were available.

Many utilization issues exist surrounding the EMS process. The service needs are intensifying throughout the day, not just when volunteers are home from work. The increase in population is resulting in a proportional increase in emergency care. Also, there is a widespread perception that the 911 service is over utilized and that citizens rely on EMS for transportation to the ER for non-emergent reasons, when their families could readily transport them to their doctor's office, an urgent care center or the ER. This apparent over utilization puts a strain on an already overtaxed resource.

Loudoun Hospital Center recently conducted a survey of walk-in patients who presented to their emergency department. Of the 181 patients who completed the survey, only 56 (31%) said they had an emergency condition. An additional 52 (29%) did not have an emergency, but wanted to be seen right away. 38 (21%) utilized the ER because they did not have a doctor in Loudoun County and 20 (11%) had a doctor but could not be seen in a reasonable time.

C. Physician Services

Projecting physician need in a given population depends on a number of variables: current inventory of physicians; physician referral patterns (where physicians refer patients); medical trade patterns (where patients go for physician services); changes in demographics by age group; and the incidence and prevalence of disease. There are a number of nationally recognized sources that project physician need using physicians per 1,000 population benchmarks.

Based on a benchmark range of 0.8 to 1.2 physicians per 1,000 population, there is a current need for 160 to 240 primary and specialty physicians in Loudoun County. This assumes that the number of nonresidents who will seek care in Loudoun is equal to the number of county residents who seek care elsewhere and is consistent with the Task Force's underlying premise that Loudoun residents should be able to receive care within the county.

The Task Force attempted to develop a definitive database of physicians of physicians with office practices in Loudoun. From this database, it was estimated that there were 145 to 155 full-time equivalent physicians practicing in Loudoun County (excluding provider-based physicians such as radiologists, anesthesiologists, emergency physicians, and pathologists). This statistic is not to be confused with the over 300 physicians who have privileges at Loudoun Hospital Center but may not have an office presence or only a part-time presence in Loudoun County.

While the Task Force was unable to establish a definitive need for additional physicians in the community, it did conclude that it was reasonable to expect that future demand for physicians would track with population growth. Therefore, it would be reasonable to expect that over the next 10 years the demand for physicians could be expected to increase between 70 percent (or approximately 12 to 17 new physicians per year).

A survey conducted by Loudoun Medical Group (LMG) indicated that most of their physicians are open and accepting new patients. Within some LMG practices there may be physicians who are not accepting new patients; however, other “open” physicians usually accommodate patients within the practice. According to LMG, all of their practices make every effort to see urgent cases on a same day basis.

D. Urgent Care Utilization and Capacity

Urgent care facilities (Appendix D) play a key role in providing medical services in a community. They offer medical care to those who need immediate assistance but do not require the level of services provided by an emergency department. Urgent care facilities can see a wide variety of patients, ranging from sports physicals to acute medical problems, such as muscle sprains, pneumonia, asthma or ear infections.

There are five urgent care facilities in Loudoun County, owned by two different physicians: two in Sterling, one in Ashburn, one in Leesburg, and one in Purcellville.

There currently appears to be sufficient urgent care resources in Loudoun County. This may change, though, as our residents become more familiar and comfortable utilizing urgent care centers for intermittent care and as an appropriate alternative to an emergency department.

E. Non-emergency Transportation Services

Many people require routine ambulance transport services, such as for transferring from a hospital to a skilled nursing facility, taking someone who is homebound to a physician appointment, or transporting someone to a nursing home. The county’s EMS system does not provide this routine type of transport but there are independent transport businesses that serve this purpose.

Cost may be a barrier to utilizing non-emergency ambulance services. Ambulance services may charge up to \$250.00 just to leave their garage. In certain instances Medicare (Appendix E) and other insurances will pay for an ambulance, however in many cases the individual must self-pay with the company requiring assurance of payment before transport.

Ambulettes are an alternative to ambulances for non-emergency transport. They are typically wheel chair accessible vans that can transport people who require wheel chairs for mobility to medical care. Wheel chair taxis may charge the same as a regular car ride, with special services and rates available for the elderly and the disabled.

F. Renal Dialysis Centers

There are three dialysis centers in Loudoun County, two located in Sterling and one in Purcellville (Appendix F). Patients requiring renal dialysis have had kidney failure and typically receive treatment for several hours three times a week for the rest of their lives or until they receive a kidney transplant. Medicare and other health insurance providers usually reimburse renal dialysis care.

Each of the three Loudoun outpatient dialysis facilities has a specific number of stations to perform the dialysis, which are able to run three shifts a day if necessary. Patients are scheduled into regular time slots either Monday-Wednesday-Friday or Tuesday-Thursday-Saturday. The initial dialysis is given in the hospital; Loudoun Hospital has sufficient capacity to start patients on dialysis and to perform urgent dialysis as well.

There appears to be adequate capacity to accommodate this need.

G. Hospice Care

Hospice care requires a physician's order and is usually covered by Medicare and other insurance plans. Hospice staff provide individualized care using a comprehensive array of comfort measures to enhance an individual's quality of life for those approaching the end of life.

The number of Loudoun County residents enrolled in hospice care has increased over the past two years from 270 to more than 550 per year. The average length of service to a client is 20 to 30 days. According to hospice representatives, Loudoun County physicians refer more than 39% of patients with life limiting conditions to hospice services, a referral pattern similar to national rates.

Hospices of the National Capital Region, which has a field office in Loudoun County, is a not for profit community-based organization that provides nursing, social work, chaplaincy and volunteer services for patients and their families. Services are provided in patients' homes, retirement homes, hospitals, and nursing facilities. In addition, there are

two other hospice organizations, HomeCall Hospice and Heartland Hospice, which are also capable of providing hospice services to Loudoun County residents.

There is a 15-bed inpatient Hospice Center located in Arlington that serves all of Northern Virginia; they provide terminal care when a family cannot manage their loved ones at home. Local inpatient options include Loudoun Hospital, Loudoun Long Term Care, Falcon's Landing, Heritage Hall and any of the Assisted Living and Independent Living facilities in the area.

H. Home Health Care

According to the Virginia Corporation Commission, there are 180 home health care agencies in Northern Virginia. At least 4 of them have offices in Loudoun County and many other companies provide services in Loudoun.

Home health care is available through several types of systems. Intermittent care is based on physician referrals and involves skilled professionals, such as credentialed nurses, physical therapists, occupational therapists, speech and language therapists, social workers, and certified nursing assistants. Examples of individuals who benefit from such care include those who need intravenous medications, those newly started on anticoagulants, people who have poorly healing wounds or cellulitis, and people who have had major health episodes which leave them requiring monitoring and assistance to prevent re-hospitalization.

Additional available home health services include home rehabilitation for residents who have had hip or knee replacements or elderly residents who are returning home alone but are weak and unsteady. People who have had strokes and cannot talk or swallow effectively benefit from speech language therapy. Social workers can assist a homebound individual in numerous tasks, such as sorting out health care provider payer options.

These companies, like INOVA VNA Home Health Care, Esprit Home Health, and Capital Home Health Care, are Medicare certified so are able to care for patients covered by Medicare and Medicaid as well as other insurance providers. Residents may also self-pay for this care.

Medicare and Medicaid home health care is time limited and can not offer help on a daily basis with general activities of daily living that so many elderly and disabled people require. Often, when the government sponsored services are discontinued, people still need assistance to help them remain safely in their own homes. There are private home care agencies that offer non-medical services that can include meal preparation, light housekeeping, medication reminders, companionship and socialization, errands, and a variety of other tasks. Visiting Angels and Home Helpers are two such agencies performing this service within Loudoun County, with others, such as Comfort Keepers, Able Home Care and ASK Home Care also serving our area.

It appears that there is sufficient dialysis, hospice and home health care capacity to meet the current needs of Loudoun County residents.

I. Proposed Increased Capacity

The Commonwealth of Virginia requires health care providers to obtain a Certificate of Public Need (COPN) to add or move inpatient, emergency department or operating rooms beds. Certain clinical services, including such diagnostic imaging services as CT, MRI and PET scanners, and radiation therapy, cardiac catheterization and open heart surgery services also require a COPN.

Applications for a Certificate of Public Need are reviewed through a regulatory process that can take from 7 to 9 months to complete. Depending on the nature of the project and when the applicant submits a letter of intent to file an application, the project can take as long as 15 months. The average construction time for most projects involving beds or ORs is 18 months to 3 years, or up to 4 years from initiating the COPN request.

A number of proposals to increase bed capacity in and around Loudoun County have been put forward. Inova Health Services and HCA have each stated their intentions of developing a presence in Loudoun County. Loudoun Hospital Center has announced plans to reopen an emergency department at the former Cornwall Street hospital site in Leesburg; this emergency facility, which will open in early 2003, is projected by LHC to serve 11,000 patients in its first year.

Loudoun Hospital Center filed a COPN application on July 1, 2002 for 32 additional beds at Lansdowne. LHC has also filed a COPN application for 10 additional psychiatric beds at the Cornwall Street campus. If approved, these applications would bring the bed complement at LHC to 165 beds at Lansdowne plus 22 psychiatry beds at Cornwall Street.

Loudoun Hospital Center and Inova Health Services received approval to jointly develop an ambulatory surgery center along the Route 28 corridor. Although there would be no overall increase in operating rooms in the northern Virginia planning district, this would add 3 ORs to Loudoun County. A freestanding emergency department, a full-service imaging center and physician offices would also be part of this complex.

LHC and Inova also filed an application to develop a similar "HealthPlex" facility in Leesburg at the Cornwall Street site. In light of LHC's announcement to reopen the ER at Cornwall Street, the current status of an Inova-LHC joint venture is not known.

HCA, the parent company that owns and operates Reston Hospital Center, has filed a COPN application to relocate 180 beds, including 60 child, adolescent and adult psychiatric beds, from Northern Virginia Community Hospital in Arlington and

Dominion Psychiatric Hospital in Falls Church to a 57-acre campus located at Broadlands on the Greenway. If approved, the proposed facility is expected to open in 2006.

During the past two years, Reston Hospital Center has received permission from the State Health Commissioner to build a Women's Pavilion, add 60 beds and add 6 operating rooms at its Reston campus.

Inova Fair Oaks Hospital has filed a COPN to add 40 inpatient beds.

VI. Services for Loudoun County's Senior Citizens

The population of residents aged 55 years and older is one of the fastest growing in Loudoun County. Since 1990, this population has increased 100 percent from 10,542 to 21,155. With the improved overall health of the population and advances in medicine, the number of seniors is predicted to increase another 24 percent during the next decade. In addition, the “baby boomers”, those born between 1946 and 1964, represent roughly 34 percent of Loudoun’s population and are already approaching their senior years.

Another phenomenon that is driving the increase in the elderly population is the desire of residents to bring their parents to live with them when they move to Loudoun County or moving them here when circumstances warrant, such as illness or death of a spouse.

There are a variety of facilities in Loudoun County providing assisted living, independent living, skilled care and long term care (nursing home) services (Appendix G). There is only one continuing care retirement community, Falcon’s Landing, which is located in Cascades and is reserved for retired military officers.

The elderly population disproportionately do not drive, cannot use public transportation, and do not have anyone who can take them to medical appointments. They are more likely to need assistance at the destination, as well as taxicab service to and from public transportation. The Department of Social Services operates the On-Demand Transportation Service for elderly, disabled and indigent people referred from five human service agencies; more than 70 percent of those trips are for elderly and disabled people who use the service for trips to doctors and other medical care providers.

The rise in the cost of prescription medications has become a major health concern. The Department of Social Services has very limited funding to help purchase medications for elderly, disabled and indigent people and routinely exhausts this fund before the end of each fiscal year. The Loudoun Accessible Medications Project (LAMP), a partnership that includes the United Way, Northern Virginia Family Service, the Department of Social Services, the Salvation Army, and the Red Cross, is currently the only non-profit program addressing this issue locally. LAMP provides case management for elderly and disabled clients with multiple prescription medication needs and uses “The Pharmacy Connection” to acquire free or reduced cost drugs from pharmaceutical companies. The LAMP caseload of 144 people is 96 percent elderly and/or disabled and is able to reach only a small percentage of the people who need help with prescriptions.

In this area, we find that many older adults do not have local family members to assist them, or, in some cases, the families are unable for a variety of reasons to provide the help their older members require. This can cause some senior citizens to be at risk, isolated, and unable to understand what services are available. Regardless of financial status, older adults often need a variety of services to help them either remain in their homes or to locate an alternate living environment. Trying to determine what is needed, what is affordable, and then to locate the necessary services may be too demanding on the

time and abilities of the senior citizen and the family. Geriatric care management is a service that can comprehensively assess a person's environment and needs, and work together with the family support system to develop a plan of care to address the situation. Geriatric care managers can also implement and monitor the plan and provide ongoing assistance as needed. Care management works well for people because it specifically focuses on each individual, negating the need for the individual to fit into a structured program. Care managers can locate and coordinate home care, volunteer assistance, medical care, transportation, and daily money management, to name a few services. In Loudoun County, the Area Agency on Aging operates a geriatric care management program, We Care Elder Choices, for citizens who meet their established criteria. ElderCare Strategies, Inc., a private organization also is situated in Loudoun County and can serve those seniors and families who do not qualify for the AAA program. In addition, there are a number of care management organizations in Fairfax County that serve Loudoun residents.

Loudoun Volunteer Caregivers is a private, not-for-profit volunteer organization that provides limited, intermittent, home-based respite care. Volunteers provide light chore and companion services, transportation, friendly visiting, phone pals and other services for elderly and disabled people. The clients that Caregivers help are often isolated and include those who are not able to use public transportation for physical reasons as well as those who need help filling out paperwork at the medical appointment and often need a go-between to explain what is being discussed. Their caseload was 158 in FY02, an increase of 16 percent over the previous year.

VI. Services for Loudoun County Residents on Lower Incomes

A. County Need

Medicaid, the federal medical assistance program that provides health insurance to the indigent, limits the income for a typical family of four to \$24,084 annually. An elderly, disabled, or blind adult must have an income of no more than \$7,092 a year to qualify. The working poor with incomes between \$25,000 and \$30,000 and adult men are unlikely to be eligible for any assistance through state or federal programs. In Loudoun County, the situation is even more difficult for the burgeoning immigrant population that has very limited access to government assistance programs.

Despite these limitations, there are currently 2328 Medicaid cases in Loudoun County, an increase of 15 percent over the past year. The number of Medicaid applications received but determined to be ineligible increased by 75percent over this period.

Persons without health care coverage are less likely to receive preventive medical or dental care and consequently are at much higher risk for cancer, heart disease, hypertension, diabetes and early death. These circumstances increase stress on existing health care services and ultimately result in higher medical costs for everyone.

A recent publication sent to Loudoun citizens by Loudoun Healthcare Incorporated states, "The lack of access to a primary care physician (resulting in Americans choosing the ER as their first line of care) as well as non-emergency related visits plays havoc with the system." Many uninsured, low-income Loudoun residents without health coverage routinely utilize the emergency room for primary care; during FY1999-2000 Loudoun Healthcare charted 10,488 visits by "self-pay" or uninsured patients who were unable to pay their bills. The cost to the Hospital was \$4,838,400 for those visits.

A critical and growing problem faced by elderly, disabled, and low income citizens in Loudoun County is the high cost of prescription drugs. Between 2000 and 2001 the Loudoun Department of Social Services reported an increase of 61percent (531 to 854) in the number of individuals needing help with immediate medical needs or prescription drugs. People with chronic illnesses and multiple prescriptions must sometimes choose between purchasing their medicine and paying for other expenses. The result is that they are more likely to purchase less than the prescribed dosage of the medications and use the rest of their money to buy food and other necessities.

B. Services Offered

During the last ten years, Loudoun County human services agencies, public and private, have worked collaboratively to develop programs to serve this population. A chart listing the principal safety net healthcare initiatives/services in Loudoun is attached as Appendix H. Key amongst these are the Loudoun County Health Department, the Loudoun

Community Free Clinic, the Adult Dental Clinic, and the Northern Virginia Family Service Medical Care for Children Partnership (MCCP).

These safety-net programs, and others, have helped fill some of the gaps in care for low income residents but have exceeded their capacity. The Loudoun Community Free Clinic has seen demand for its services double just since January 2002. The Medical Care for Children Partnership has a waiting list of 30 children. The Adult Dental Clinic is making appointments out as far as November 2002.

VIII. Services for Loudoun County Residents with Mental Disabilities

A. County Need

County citizens of every age (infants, youth, adults and seniors) experience a variety of complex problems related to mental retardation, mental illness and drug and alcohol abuse. Problems may be acute, short term, recur in episodes, or they may create lifelong disability in many dimensions of a person's life. Inevitably, families, friends, employers and others in the community are affected.

The Comprehensive Virginia State Plan 2000-2006 used national epidemiological studies to project prevalence rates for some of the more severe mental health concerns. Applied to our estimated population of 205,000 for 2002, these rates predict that:

- 8280 of our adults will have a serious mental illness at any time during the year.
- 2490 to 3044 of Loudoun County's children and adolescents will have a serious emotional disturbance and, of these, between 139 and 194 children and adolescents will have extreme impairment.
- 758 to 1209 of our residents will have mild mental retardation, 410 will have moderate mental retardation, and about 350 will have severe or profound mental retardation.
- 1973 will be addicted to drugs and 5559 addicted to alcohol.

B. Services Needed

Loudoun County Mental Health Emergency Services' face-to-face evaluations in the Loudoun Hospital Emergency Room doubled between Fiscal Year 1999 and 2002, from 226 to 448 evaluations. During this period there was a decline in the percentage of persons admitted within the county. In 2002 only 25% of the 193 residents admitted on Temporary Detention Orders (TDO), only 15 percent of the 86 court-ordered admissions, and only 10 percent of the 60 court-voluntary admissions went to Loudoun Hospital Behavioral Health Unit.

Two geriatric psychiatrists who practice at the Behavioral Health Unit at the Cornwall campus of Loudoun Hospital specialize in serving persons age 65 and older, and this population is well cared for.

The National Alliance for the Mentally Ill – Loudoun (NAMI), Friends of Loudoun County Mental Health, Loudoun Association for Retarded Citizens (LARC) and Substance Abuse Addiction and Recovery Alliance (SAARA) and Loudoun County Mental Health, Mental Retardation, and Substance Abuse Services are important and knowledgeable county resources.

According to these organizations, there is a lack of, or limited access to, general adult and adolescent inpatient psychiatric hospital services in Loudoun County, requiring patients to be hospitalized outside of the County. There is also a lack of, or limited access to, outpatient psychiatric services, psychotropic medications, inpatient treatment for children, mobile crisis emergency services, youth group homes, housing and support for adults, and in-home mental health services in the county.

For our mentally retarded residents, there is a lack of, or limited access to, adult dental care, durable medical equipment, transportation, in-home services and home health care and doctors who can diagnose and treat Downs Syndrome, Alzheimer's disease, and persons with dual mental retardation/mental illness diagnoses. There is also a need for additional staff to provide comprehensive evaluations for persons with mental retardation and behavioral issues.

There is a lack of, or limited access to, adequate insurance coverage for substance abuse services, adult medical and social detox services, and inpatient treatment for adolescent substance abusers within the county.

All cited the need for specialized medical care, transportation, and increased capacity to meet the demand for public mental health, mental retardation and substance abuse services. Consumers are consistently waiting unreasonable amounts of time for services provided through the Loudoun County government.

IX. Information and Referral Services

Given the rapid increase in population and the demand on healthcare services at all levels, several communities in the United States have found that establishing a dedicated “211” telephone number to provide an information and referral system has been helpful in ensuring access to current information about available health care services and relieving pressure on other local organizations.

Currently in Northern Virginia there is a state-mandated, unfunded, information and referral system administered under the Northern Virginia Regional Commission. In Loudoun County, that phone line is answered in the Social Services Department. The department does not have staff assigned solely to this function and the phone number is not publicized. The Loudoun Chamber of Commerce and the Loudoun United Way, as well as many other local organizations, report that a significant amount of manpower is devoted to answering referral and information questions that come to their offices.

With many residents needing information and access to health care services, a dedicated “211” Information and Referral system could relieve some of the burden of these agencies and provide a centralized data base that would keep track of calls to the “211” line and assist with healthcare planning and development.

The “211” telephone number was set aside nationally by the FCC for the express purpose of using the number in localities for referral and information. The federal government is discussing the possibility of providing funds to support “211” call centers. Local tax support may be available through the tax collected on telephone bills.

Current Loudoun Health Care Task Force Membership

The Loudoun Health Care Task Force is currently comprised of individuals who represent town and county government, the public, and health care professionals. This group has given a minimum of 1000 hours collectively to this important effort.

Current participants include:

Nicki Bazaco, Public Member

Martha Calihan, MD, Medical Director, Loudoun Medical Group

Robert Chirles, Director of Social Services, Loudoun County

Betsy Davis, Town Council, Middleburg

Nancy Doane, Office of the Board of Supervisors, Loudoun County

Frank Etro, Mayor, Round Hill

Bonnie Epling, Public Member

David Goodfriend, MD, Director of Public Health, Loudoun County

Robert Lassiter, Director of Mental Health, Mental Retardation, and Substance Abuse Services, Loudoun County

Dick McClellan, Managing Partner, Meadow Glen of Leesburg, Assisted Living

Betsy Murphy, The Hospices of Northern Virginia

Frank Naylor, President, MWI Medical Consulting

Jeff Nesbit, Health Care Consultant

Barbara Payne, MSW, President, ElderCare Strategies, Inc.

Keith Reasoner, Mayor, Hamilton

Susan Jane Stack, Department of Social Services, Loudoun County

Kent Stevens, President/CEO, Berkeley Medical Group, Inc.

Eleanor Towe, Vice Chair, Loudoun County Board of Supervisors

Elaine Walker, Mayor, Lovettsville

BJ Webb, Chair, Loudoun County Health Care Task Force

Debra Williams, Director, Cascades Senior Center

Provider Statements

Loudoun, HCA and INOVA hospitals were each given the opportunity to provide a statement to be included in this report. Both Loudoun Hospital and HCA responded to this request and their statements follow.



September 25, 2002

Dr. David Goodfriend
Loudoun County Department of Public Health
1 Harrison Street, SE
2nd Floor
P.O. Box 7000
Leesburg, Virginia 20177

Dear Dr. Goodfriend:

This letter is in response to the invitation to submit a formal statement as addendum to the proposed final report of the Mayor's Healthcare Task Force.

Loudoun Healthcare has not been afforded a review of the Task Force's final report however, as reviewed and in concurrence with the HSA of Northern Virginia, Loudoun Healthcare takes exception to the methodologies employed in determining Loudoun County's projected bed requirement including the failure of the Task Force to address designated beds for psychological treatment. As a result, Loudoun Healthcare cannot concur with the conclusions of the Task Force's final report.

Thank you for your consideration.

Respectfully,

Rod Huebbers

Rod Huebbers
President & CEO

Reston Hospital Center

1850 Town Center Parkway
Reston, Virginia 20190
703-689-9000
www.RestonHospital.com

August 29, 2002

B.J. Webb
17885 Leeland Orchard Road
Leesburg, VA 20176

Dear Ms. Webb:

We appreciate the opportunity to provide input to the Loudoun County Health Care Task Force.

The following assessment of Loudoun County's needs in 2012 for hospital beds, operating room suites, and emergency room services has been prepared in response to your memo dated August 8, in which you invited me, as CEO of Reston Hospital Center, to respond on behalf of HCA.

We have reviewed the outline of the preliminary report of the Task Force, dated July 2002. We also reviewed the material presented to the Task Force by Inova in a presentation dated November 28, 2001. In addition, we reviewed long range planning data presented by Loudoun Hospital Center in a series of COPN applications submitted over the last several years. There is reasonable consistency in the projections of need for hospital services for Loudoun County residents as presented by these three separate studies.

HCA's assessment of projected need are based on recent actual utilization of healthcare services by Loudoun County residents, currently operating and approved hospital capacity at Loudoun Hospital Center, future population growth in the County, and anticipated approval of HCA's proposal to construct Broadlands Regional Medical Center. These factors indicate aggregate needs for hospital beds, surgical suites, and emergency room capacity that are similar to the range of estimates for 2010-2012 contained in the reports referred to above.

There are many variables that enter into planning for hospital services that will be dedicated to the needs of Loudoun County residents in the year 2012, including the expected continuation of dynamic growth of the County's population and economy, the need to provide hospital service capacity consistent with the growth of Dulles Airport, and other special needs of the National Capital Region. In these circumstances, the range of estimates, drawn from the studies referred to above, appear to be reasonable, but perhaps conservative. The estimated data included in the studies completed by the Task Force, Inova and LHC reflect an acute care bed need for Loudoun residents by 2012 that would be in the range of 330-360; operating room suites in the range of 30-45; and emergency room beds in the order of 45-65.

August 29, 2002

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These forecasts generally follow the methodology of the Virginia State Medical Facilities Plan (SMFP), with various modifications. None of these forecasts explicitly addresses the issue of peak demand. While the Virginia SMFP indicates that there are surpluses of beds in Northern Virginia, over the last four years we have routinely seen bed shortages during the October to March period (flu season). These shortages have been reflected in unreasonably long waits in the emergency rooms, re-routing of EMS vehicles, unavailability of operating rooms, unavailability of medical/surgical beds, unavailability of intensive care beds, and "boarders" in temporary holding areas of the hospitals.

A comparative benchmark for hospital resources is the ratio of beds per 1000 population. Currently, the average ratio for Planning District 8 (Northern Virginia) is 1.4 beds per 1000. Loudoun County currently has a ratio of 0.8. A range of 330 to 360 beds in Loudoun County in 2012 would result in a beds per 1000 ratio of 1.0 to 1.1, closer to, but still less than, the average of 1.4 for Northern Virginia. The Northern Virginia planning district routinely incurs shortages of hospital facilities during the peak demand periods, while adhering to the state SMFP. The bed ratio benchmark provides an indicator that the projections in the three studies described above reflect reasonable, although, conservative estimates of Loudoun County's needs, but also indicate that it would continue to have fewer hospital resources than the average for the planning district.

In the event that you, or other members of the Task Force have additional questions, we will be pleased to respond.

Very truly yours,



William A. Adams
President/CEO

WAA:ls

cc: Marilyn Tavenner
President and Chief Executive Officer
HCA Central Atlantic Division

Key Demand Projection Assumptions

Population

Total population of Loudoun County is expected to increase 69.9 percent from 185,879 in 2001 to 315,875 in 2011.

<u>2001</u>	<u>2006</u>	<u>2011</u>	<u>Percent Change</u>
185,879	255,631	315,875	69.9%

Source: Loudoun County Department of Planning (September 2001 update)

Inpatient Discharges per 1,000 Population

Loudoun County discharge rate per 1,000 population for residents of Loudoun County is expected to increase 2.7 percent from 71.9 discharges per 1,000 population to 73.9 discharges per 1,000 population in 2011 as the population shifts to the over 65 age group, which experiences higher hospital utilization rates.

<u>2001</u>	<u>2006</u>	<u>2011</u>	<u>Percent Change</u>
71.9	72.8	73.9	2.7%

Source: Loudoun Hospital Center COPN Request No. VA-6714 to add 32 acute care beds (filed July 1, 2002)

Average Length of Stay

Average length of stay is projected to remain unchanged at 4.4 days.

Source: Loudoun Hospital Center COPN Request No. VA-6714 to add 32 acute care beds (filed July 1, 2002)

Surgical Use Rates per 1,000 Population

Between 1995 and 2000, surgical cases per 1,000 population in Planning District 8 have increased 23.5 percent.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>% Change</u>	<u>Avg. Annual % Chng.</u>
Inpatient	21.42	22.52	22.67	22.08	22.09	22.34	4.3%	0.8%
Outpatient	52.19	55.79	57.35	62.50	67.22	68.60	31.4%	5.6%
Total	73.61	78.31	80.02	84.58	89.31	90.94	23.5%	4.3%

Source: Health Systems Agency of Northern Virginia; calculations by Task Force

Projected use rates for surgical cases were based on a moderation of the historical growth trend:

<u>2001</u>	<u>2006</u>	<u>2011</u>	<u>Avg. Ann. % Chng.</u>
94.4	111.7	129.0	3.2%

Hours per surgical case were held constant at 1.532 hours based on the Division of Certificate of Public Need calculations for 2000.

Source: Division of Certificate of Public Need Competing Applications Staff Analysis/Report dated November 19, 2001 on COPN Requests No. VA-6577 and VA-6574 (Loudoun Hospital Center), VA-6571 (Inova Fair Oaks), VA-6599 (Reston Hospital Center), VA-6598 (Inova Fairfax Hospital), VA-6597 (Northern Virginia Surgery Center, L.P.), and VA-6596 (Fairfax Surgical Center)

Emergency Room Visits per 1,000 Population

In 2000, there were 385,120 emergency room visits in Planning District 8:

	<u>2000 Visits</u>
Inova Alexandria Hospital	50,382
Arlington Hospital	38,257
Inova Fair Oaks Hospital	33,133
Inova Fairfax Hospital	70,059
Inova Mount Vernon Hospital	29,509
Loudoun Hospital Center	27,612
Northern Virginia Community Hospital	9,600
Potomac Hospital	50,786
Prince William Hospital	45,646
Reston Hospital Center	<u>30,136</u>
Total	385,120

Source: Virginia Health Information (all PD8 hospitals except Loudoun--non-reporting); LHC visits, Loudoun Hospital Center COPN Request No. VA-6714 to add 32 acute care beds (filed July 1, 2002)

An emergency department use rate per 1,000 population for PD8 (212.16) was calculated using the 2000 U. S. Census for the region of 1,815,197.

Urgent Care Centers in Loudoun County

Name/Location	Hours of Operation	Visits per month
MEDICS U.S.A. 17336 Pickwick Drive, Purcellville, VA Owner: Dr. Rashid	Monday–Friday 9:00am - 8:00pm Saturday-9:00am - 4:00 pm	Less than 9 per day Less than 270 per month
MEDICS U.S.A. 21515 Ridgetop Circle, Suite 150 Sterling, VA Owner: Dr. Rashid	Closed for Remodeling	Closed for remodeling
MEDICS U.S.A. Ashburn, VA Owner: Dr. Rashid	Monday–Friday 9:00am - 8:00pm Saturday-9:00am - 4:00 pm	Just Opened
NOVA URGENT CARE 51 Catoclin Circle Leesburg, VA Owner: Grace Keenan, MD	Monday-Friday 8:00am - 8:00pm Saturday-9:00am -5:00 pm Sunday-9:00am -5:00 pm	40-60 per day
NOVA URGENT CARE 21036 Triple Severn Sterling, VA Owner: Grace Keenan, MD	Monday-Friday 8:00 am-6:00pm Saturday-9:00am -5:00 pm Sunday-Closed	60 to 80 per day

MEDICARE (Part A): HOSPITAL INSURANCE-COVERED SERVICES FOR 2002

SERVICES	BENEFIT	MEDICARE PAYS	PATIENT PAYS
HOSPITALIZATION Semiprivate room and board, general nursing and miscellaneous hospital services and supplies. (Medicare payments based on benefit periods.)	First 60 days	All but \$812	\$812
	61st to 90th day	All but \$203 a day	\$203 a day
	91st to 150th day	All but \$406 a day	\$406 a day
	Beyond 150 days	Nothing	All costs
SKILLED NURSING FACILITY CARE Semiprivate room, meals, skilled nursing and rehabilitative services and other services and supplies. (After a related 3-day hospital stay.)	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All but \$101.50 a day	\$101.50
	Beyond 100 days	Nothing	All costs
	Part-time or intermittent care for as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount of durable medical equipment
	As long as doctor certifies need and you select the hospice option	All but limited costs for outpatient drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
	Unlimited if medically necessary	All but first 3 pints per calendar year	For first 3 pints, unless blood is donated to replace what you use
HOME HEALTH CARE Medically necessary skilled care. Part-time skilled nursing care, physical therapy, speech-language therapy, home health aide services, medical social services, durable medical equipment (such as wheel chairs, beds, oxygen and walkers) medical supplies and other services.	Unlimited if medically necessary	All but first 3 pints per calendar year	For first 3 pints, unless you or someone else donates blood to replace what you use

MEDICARE (Part A): HOSPITAL INSURANCE-COVERED SERVICES FOR 2002 (continued)			
SERVICES	BENEFIT	MEDICARE PAYS	PATIENT PAYS
HOSPICE CARE Medical and support services from a Medicare-approved hospice for people with a terminal illness, drugs for symptom control and pain relief, and other services not otherwise covered by Medicare. Hospice is home-based but short-term hospitalization; inpatient respite care is covered when needed.	Unlimited if medically necessary	All but first 3 pints per calendar year	For first 3 pints, unless you or someone else donates blood to replace what you use
BLOOD Pints of blood transfused during a hospitalization or skilled nursing facility stay.	Unlimited if medically necessary	All but first 3 pints per calendar year	For first 3 pints, unless you or someone else donates blood to replace what you use

Medicare Part A Premium: None for most beneficiaries; \$311 if you must buy Part A (Premium may be higher if you enroll late.)

MEDICARE (Part B): MEDICAL INSURANCE-COVERED SERVICES FOR 2002

SERVICES	BENEFIT	MEDICARE PAYS	PATIENT PAYS
MEDICAL EXPENSES Doctors' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, ambulance, diagnostic tests and more.	Medicare pays for medical services in or out of the hospital	80% of approved amount (after \$100 deductible)	\$100 deductible (per calendar year) plus 20% of approved amount after the deductible; 20% for all outpatient physical therapy, occupational therapy, speech and language therapy; 50% outpatient mental healthcare
CLINICAL LABORATORY SERVICES Blood tests, urinalyses and more.	Unlimited if medically necessary	100% of approved amount	Nothing for services
HOME HEALTH CARE Medically necessary skilled care.	Part-time or intermittent care for as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount of durable medical equipment
OUTPATIENT HOSPITAL TREATMENT Services for the diagnosis or treatment of illness or injury.	Unlimited if medically necessary	May vary according to service	Co-insurance or co-payment amount according to service
BLOOD	Unlimited if medically necessary	80% of approved amount (after \$100 deductible and starting with 4th pint)	First 3 pints plus 20% of approved amount for additional pints (after \$100 deductible)

Medicare Part B Premium: \$54.00

Renal Dialysis Centers in Loudoun County

Dialysis Center	Location	Number of Chairs	Current # Patients
BMA-Sterling 703 478-3970 108 Terminal Road M-W-F T-TH-S	EAST	13	40 patients
Davita-Sterling 703 444-8932 46440 Benedict Dr. M-W-F 5:30 am-10 pm T-TH-S 6:00 am-4 pm	EAST	8	Not provided
Davita-Purcellville 540 338-1501 280 N. Hatcher Ave M-W-F	WEST	12	18 patients

Senior Living Environments in Loudoun County

Independent Living Facilities in Loudoun County

Existing Independent Living Facilities

Independent Living Facility	Units	Comments
Community at Mirror Ridge	150	Rent controlled
Falcon's Landing – Air Force Officers	319	
Sunrise at Countryside	53	
Madison House	100	HUD subsidized
Somerset	105	
William Waters House	90	HUD subsidized
Wingler House	132	Affiliated with and subsidized by the Catholic Church
TOTAL	949	

Independent Living Facilities Under Construction

Independent Living Facility	Units	Comments
Wingler House	132	Affiliated with and subsidized by the Catholic Church; broke ground on August 12, 2002
TOTAL	132	

Proposed Independent Living Facilities

Independent Living Facility	Units	Comments
Lovettsville	80	Proposed
TOTAL	80	

Assisted Living Facilities in Loudoun County

Existing Assisted Living Facilities

Assisted Living Facility	Units	Comments
Falcon's Landing – Air Force Officers	29 (12 dementia; 17 assisted living)	Only for retired Air Force officers
Loudoun Valley Manor	19	Vacancies (grants accepted)
Meadow Glen of Leesburg	40	Vacancies (private pay only)
Morningside House	72	Vacancies (private pay only)
Sunrise at Countryside	65	Vacancies (private pay only)
Sunrise at Leesburg	43	Vacancies (private pay only)
Woodland Retirement	17	Vacancies (private pay only)
TOTAL	285	

Assisted Living Facilities Under Construction

Assisted Living Facility	Units	Comments
Community at Mirror Ridge	70	Open February 2003 (Section 8 subsidy; market rates)
Falcon's Landing – Air Force Officers	44	Only for retired Air Force officers
TOTAL	114	

Proposed Assisted Living Facilities

Assisted Living Facility	Units	Comments
Lovettsville	42	Proposed
TOTAL	42	

Nursing Homes in Loudoun County

Nursing Home	Long Term Care (Custodial)	Short Term Care (Rehabilitative)	Comments
Falcon's Landing Johnson Center	39	21 licensed for skilled care	Non-skilled can occupy skilled licensed beds; 12 on non-skilled beds dementia care
Heritage Hall	104	33	27 secured dementia unit
Loudoun Long Term Care	68	32	100 beds total dually certified
TOTAL	211	86	

Indigent Health Care Resources: Loudoun County, Virginia

Current resources for the provision of health care to indigent Loudoun residents lacking health insurance coverage. Prepared by the Loudoun Health Partnership, a coalition of public and private agencies working to increase access to health care for all Loudoun residents.

FOR ALL AGES

PROGRAM	ELIGIBILITY	SERVICES	CONTACT
Loudoun Dept. of Social Service – Emergency Services Division	All ages; up to 185% of federal poverty level; no health insurance	Private physicians agree to provide one-time treatment for acute illness; limited follow-up; persons must re-apply for new illness; care provided at no cost by community physicians	Loudoun County Dept. of Social Services – Emergency Services 703-777-0353
Loudoun County Health Dept.	Income limitations on some programs	Prenatal care; immunizations (no cost); sexually transmitted disease diagnosis and treatment (no cost); TB testing, communicable disease follow-up and surveillance (no cost); contraceptive services (sliding scale); HIV care: confidential HIV testing and counseling, drug management and case management; flu and travel shots (flat fee); annual well women clinics (special eligibility); school physicals (sliding scale)	Loudoun County Dept. of Health, 703-777-0236
Virginia Medicaid	All ages; adults must be over 65; disabled if younger, Must be legal US residents. Family income no greater than 135% of federal poverty level.	Comprehensive medical care provided by approved Medicaid providers	Loudoun County Dept. of Social Services, 702-777-0353
Loudoun Hospital Center Mobile Health Services	Some income limitations	Chronic disease monitoring (blood pressure checks, etc.), wellness fairs, sites throughout Loudoun County	Call 703-856-2143
Northern VA. Community College Mobile Health Van	Low income, no health insurance. Do NOT have to provide proof of income.	No current stop in Loudoun County Residents of Loudoun County May be seen at other NO VA van stops, including Manassas. Services: diagnosis by nurse practitioner, will write prescriptions, but no ability to pay for prescriptions.	Call Northern VA Comm. College to find out van schedule, 703-323-3881.
Loudoun County General Relief Medical Assistance	Very low income required; must be disabled for at least 30 days	Covers medical care delivered through private physicians	Call Loudoun Social Services, 703-777-0353

FOR CHILDREN ONLY

PROGRAM	ELIGIBILITY	SERVICES	CONTACT
Family Access to Medical Insurance Security Program (FAMIS); federally funded program	Income up to 200% of federal poverty level, ages 0-19; must be documented residents of US; must be uninsured or have not cancelled health insurance within past 6 mos.	Comprehensive health insurance coverage, including dental and mental health, through approved providers. Co-pay required, and families between 150-200% pay monthly premium.	Apply directly by calling 1-800-866-87-FAMIS OR Northern Virginia Family Service, through its MCCP program (see below) has Spanish speaking outreach worker who will assist with application; call 703-727-2329
Northern Virginia Family Service - Loudoun Medical Care for Children Project (MCCP)	Income up to 200% of federal poverty level (250% for Kaiser enrollment); ages 0-18; no legal residency requirements, uninsured	Provides medical home through private doctors offices or Kaiser Permanente (HMO); including RX, laboratory, and specialty care. All families receive case management as appropriate. Families pay \$3 per office visit.	Contact Northern Virginia Family Service, 703-669-5670
Immunizations	Free	Comprehensive immunizations	Loudoun County Health Dept., 703-777-0236
Children's Specialty Clinics of the VA Dept. of Health	Up to age 21; Follow Health Dept. income guidelines, schedule A-E; some co-payment	Provides some specialty care to eligible children, some care provided in NO VA, some provided at UVA or MCV. Treatable illnesses include, but are not limited to: hearing loss, pediatric cardiology, juvenile diabetes, hemophilia, CF, facial deformities, chronic orthopedic problems	Call 703-205-2629

FOR ADULTS

PROGRAM	ELIGIBILITY	SERVICES	CONTACT
Loudoun Community Free Clinic (formerly Catoctin Free Clinic)	Loudoun resident, income up to 185% of federal poverty level, no health insurance. Must provide proof of income and residency	Primary medical care, by volunteer physicians and nurse practitioners, one night per week: diagnosis, pharmaceuticals, radiology, laboratory, specialty care, No maternity care. Open every Thursday evening, 6-9 pm., Loudoun County Health Department, 102 Heritage Way, Leesburg.	For information or appointments, call 703-737-6012

PHARMACEUTICALS

PROGRAM	ELIGIBILITY	SERVICES	CONTACT PT.
Loudoun Salvation Army	Low income Loudoun County residents	Provides financial assistance to help pay for prescription medication	Call 703-771-3371
Loudoun Red Cross	Low income Loudoun County residents	Provides financial assistance to help pay for prescription medication	Call 703-777-7171
Loudoun County Dept. of Social Services	Loudoun County residents under 185% of federal poverty level,	Provides financial assistance to help pay for prescription medication	Call DSS, 703-777-0353, ask for emergency services

DENTAL CARE

PROGRAM	ELIGIBILITY	SERVICES	CONTACT PT.
Children's Dental Clinic	Up to age 21; children must receive Medicaid, CMSIP, or be eligible for free and reduced lunch		Loudoun County Health Dept., 703-777-0236
Adult Dental Clinic	Sliding scale, depending on income; \$10 minimum	Fillings, simple extractions	Loudoun County Health Dept., 703-777-0236